

06-13-03

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PTO/SB/21 (05-03)

Approved for use through 04/30/2003. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/645,078
	Filing Date	August 23, 2000
	First Named Inventor	BISTRUP, ANNETTE
	Group Art Unit	1631
	Examiner Name	MORAN, MARJORIE A.
Total Number of Pages in This Submission	Attorney Docket Number	UCAL-107CIP2

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Documents <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): 1) Return Postcard
Remarks		

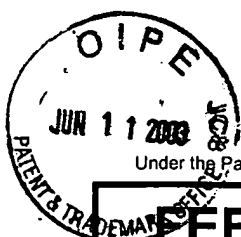
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Signing Attorney/Agent (Reg. No.)	PAULA A. BORDEN, 42,344 BOZICEVIC, FIELD & FRANCIS LLP
Signature	
Date	June 11, 2003

EXPRESS MAIL NO. EV334001649US

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PTO/SB/17 (05-03)

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FEE TRANSMITTAL for FY 2003		Complete if Known	
		Application Number	09/645,078
Effective 01/01/2003. Patent fees are subject to annual revision.		Filing Date	August 23, 2000
		First Named Inventor	BISTRUP, ANNETTE
		Examiner Name	MORAN, MARJORIE A
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Art Unit	1631
TOTAL AMOUNT OF PAYMENT (\$)		230.00	Attorney Docket No. UCAL-107CIP2
METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None		3. ADDITIONAL FEES	
<input checked="" type="checkbox"/> Deposit Account:		Large Entity Fee Code (\$)	
Deposit Account Number 50-0815		Small Entity Fee Code (\$)	
Deposit Account Name Bozicevic, Field & Francis LLP		Fee Description	
The Commissioner authorized to: (check all that apply)		Fee Paid	
<input checked="" type="checkbox"/> Charge fees indicated below <input checked="" type="checkbox"/> Credit any overpayments			
<input type="checkbox"/> Charge any additional fee(s) during the pendency of this application			
<input type="checkbox"/> Charge fees indicated below, except for the filing fee to the above-identified deposit account.			
FEE CALCULATION			
1. BASIC FILING FEE			
Large Entity Fee Code (\$)			
Small Entity Fee Code (\$)			
Fee Description			
Fee Paid			
1001 750 2001 375 Utility filing fee			
1002 330 2002 165 Design filing fee			
1003 520 2003 260 Plant filing fee			
1004 750 2004 375 Reissue filing fee			
1005 160 2005 80 Provisional filing fee			
SUBTOTAL (1)		0.00	
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE			
Extra Claims Fee from below		Fee Paid	
Total Claims 30 -20** = 10 x 9 = 90.00			
Indep. Claims 4 -9** = x 42 = 0.00			
Multiple Dependent = 140.00			
Large Entity Fee Code (\$)			
Small Entity Fee Code (\$)			
Fee Description			
1202 18 2202 9 Claims in excess of 20			
1201 84 2201 42 Independent claims in excess of 3			
1203 280 2203 140 Multiple dependent claim, if not paid			
1204 84 2204 42 ** Reissue independent claims over original patent			
1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent			
SUBTOTAL (2) \$		230.00	
**or number previously paid, if greater; For Reissues, see above.			
SUBMITTED BY		Complete (if applicable)	
Name (Print/Type) Paula A. Borden		Registration No. (Attorney/Agent) 42,344	
Signature		Telephone (650) 327-3400	
		Date 06/11/2003	

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